

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/598672**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT				AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1	1	1						51						
2		1		1					52						
3		2		1					53						
4		2		1					54						
5		2		1					55						
6		1		1					56						
7	1		1						57						
8		1		1					58						
9		1		1					59						
10		2		1					60						
11		1		1					61						
12		2		1					62						
13				1					63						
14				1					64						
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45									95						
46									96						
47									97						
48									98						
49									99						
50									100						
TOTAL IND.	2	↓	3	↓	0	↓			TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	15	←	11	←	0	←			TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	17	***	14	***	0	***			TOTAL CLAIMS	0	***	0	***	0	***